



PROGRAM REGISTRATION



Miami Township
PARKS & Recreation
www.MiamiTownshipOH.gov • 513-248-3725 • Krystin Thibodeau, Director

Participant Name: _____ Parent/Guardian If Minor: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____ Date of Birth: _____ M or F Grade: _____

How would like us to send a registration confirmation notice?

☐ Email

☐ US Mail

Event Name	Date	Time	Location	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Release: Recognizing the risk and possibility of injury associated with participation in Miami Township recreation programs and in consideration of Miami Township offering the programs at a nominal fee and accepting the participant into the program and activities, I for myself, my heir, successors, administrators and assigns hereby release, discharge and/or otherwise indemnify Miami Township, Clermont County, Ohio, The Board of Trustees of Miami Township, as well as all employees and/or agents of these entities from any and all claims by or on behalf of the participant, the participant's heirs, administrators and assigns as a result of participating in the Miami Township recreational programs. I further certify that the participant is physically fit and capable of participating in all activities required by the recreational programs and that participating in the recreation programs will not pose a risk of physical harm to any participant. In addition, I grant permission for my child to participate in all activities, including field trips with transportation provided by Miami Township in connection with the program(s) in which I have enrolled my child.

Authorization for Medical Treatment: In the event participant receives an injury requiring medical attention of any type, I hereby authorize Miami Township, Clermont County, Ohio or its employees or agents to consent to whatever treatment is medically necessary and hereby release those entities from any claims whatsoever arising from that consent. I also give Miami Township representatives permission to transport my child to the nearest available medical/dental facility for emergency medical care, although this form does not authorize or guarantee treatment upon arrival at the designated facility, as each facility sets its own treatment procedures.

Authorization to Use Image and Photographic Likeness: In the event the participant or my photograph or other image is taken or created during the participant or my participation in this program, in consideration of the acceptance of the participant in the program, I authorize Miami Township to use my photograph or other image for any purpose and without compensation.

Participant Signature: _____ Date: _____

Guardian if under 18: _____ Witness: _____

Mail or drop off this form with check/money order payable to **Miami Township Recreation Dept, 5900 McPicken Drive, Miami Township, OH 45150**
For questions, please call 513-248-3725, Ext. 112. No phone registration permitted. Event information can be found at www.MiamiTownshipOH.gov

PLEASE COMPLETE THIS PART ONLY IF THE PARTICIPANT IS A MINOR

Mother's Name: _____ Address: _____ Work Phone: _____

Father's Name: _____ Address: _____ Work Phone: _____

List two people who can be contacted in the event of an emergency if the parent cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Please complete the following health-care information:

Physician: _____ Phone: _____ Dentist: _____ Phone: _____

Does your child have any fears or problems you are aware of: _____

Please list all allergies and any special precautions and treatments indicated for these allergies, and any chronic medical problems:

Please circle if your child is prone to: Nosebleeds Headaches Ear Aches Vomiting Easily Tonsillitis Stomach Aches

List any other persons that has your authorization to pick up your child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____